U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
AUG 15 2005 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
E	and the second of the second o			
1. File Number U - 7898	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JAVIL DELGADO, SR.	Name LABORERS LCOAL UNION #383			
	Labor Organization File Number 030-387			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 512 W. ADAMS	Street C10 W ND2WG			
DIZ W. ADAMS	Street 512 W. ADAMS			
City PHOENIX	City PHOENIX			
State Arizona ZIP Code + 4 85003-1609	State Arizona ZIP Code + 4 85003-1609			
5. Position in labor organization.  PRESIDENT				
Enter appropriate data below if, during the past fiscal year, you or your spe	ruse or minor child directly or indirectly had any of the following interests			
(except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
rido ridilo, il diff.				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4	To an institute of the anti-time to the			
Siar	nature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information				
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed 1 and Dogado	on 8.9-05 602 258-6521			
Signed Javi Dogado	On 8-9-05 602 258-65 21  Date Telephone Number			

Name of Person Filing JAVIL DELGADO, SR.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name LABORERS HEALTH&WELFARE FUND OF NORTH AMERIC  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 905 16TH STREET NW  City WASHINGTON  State District of Columbia ZIP Code + 4 20006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NEW MEXICO & WEST TEXAS MULTI-CRAFT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P O BOX 11399  Street 1200 SAN PEDRO NE  City Albuquerque  State New Mexico ZIP Code + 4 87192-0399	11.a. Nature of such dealing.  BOARD MEETING DISCUSSION REGARDING LABORERS LOCAL #383 MEMBERSHIP TRANSFER  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  DINNER 03/01/2004 \$67.00		
	12.b. Amount. \$67		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name OHIO VALLEY & SOUTHERN STATES L.E.C.E.T.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 25 CENTURY BLVD. SUITE 305  City NASHVILLE  State Tennessee ZIP Code + 4 37214	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
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	100 mm			
Trade Name, if any:				
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Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	AZ NUCLEAR SAFETY 06/14/04\$42 AZ NUCLEAR SAFETY 06/15/04\$41 AZ NUCLEAR SAFETY 06/16/04\$32 RECEPTION MEAL 11/11/04\$45	45 2.13		
	12.b. Amount.	\$162		
		111 mm 11 mm m m m m m m m m m m m m m		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
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State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			